

IMPORTANT INFORMATION ABOUT INFLUENZA VIRUS VACCINE

THE DISEASE:

Influenza viruses have continually demonstrated an ability to cause major epidemics of respiratory disease. Typical Influenza illness is characterized by abrupt onset of fever, sore throat, and nonproductive cough and unlike any other common respiratory infections can cause extreme malaise lasting several days. More severe disease can result from invasion of the lungs by Influenza virus (primary viral pneumonia) or by secondary bacterial pneumonia.

Because of the increasing proportion of elderly persons in the U.S. population and because age and its' associated chronic disease are risk factors for severe Influenza illness, the DVD Advisory Committee Immunization Practices (ACIP) states that the future toll from Influenza may increase, unless control measures are used more vigorously than in the past.

THE VACCINE:

Immunity declines in the year following vaccinations. Therefore, a history of vaccination for the previous flu season does not preclude the need to be revaccinated for the oncoming influenza season to provide optimal protection.

POSSIBLE SIDE EFFECTS:

Because Influenza vaccine contains only noninfectious inactivated viruses, it cannot cause Influenza. Respiratory disease after vaccination most likely represents coincidental illness unrelated to Influenza vaccination.

Influenza vaccines used in recent years have generally been associated with only a few reactions; fewer than one third of vaccines have been reported to develop local redness or swelling for 1 or two days at the site of injection.

Systemic reactions have been two types:

1. Fever, malaise, aching and other systemic symptoms of toxicity, although infrequent, most often affect children and others who have no exposure to the influenza virus antigens contained in the vaccine. These reactions, which begin 6-12 hours after vaccination and persist for 1-2 days, are usually attributed to the Influenza antigens (even though the virus is inactivated and constitute most of the systemic side effects of Influenza vaccination.
2. Immediate presumably allergic responses, such as hives or various respiratory tract symptoms of hypersensitivity, occur extremely rarely after Influenza vaccination. These symptoms probably result from hypersensitivity to some vaccine component-most likely residual egg protein. On rare occasions, vaccine can induce hypersensitivity reactions and these individuals should not be given Influenza vaccine. Unlike the 1976 swine Influenza vaccine, subsequent vaccines, prepared from other virus strains, have not been associated with an increased frequency of Guillain-Barre syndrome.

PREGNANCY:

The Centers for Disease Control and Prevention (CDC) recommends Influenza Vaccine for women who will be beyond the first trimester of pregnancy during the influenza season because of the increased risk for influenza-related complications. NASA will administer the influenza vaccine in accordance with CDC recommendations and with written consent from your obstetrician.

FOREIGN TRAVEL:

The risk of exposure to influenza during foreign travel varies, depending on the season and destination. If you are planning to travel to the tropics at any time of the year or to the southern hemisphere during April through September, you should review your Influenza vaccination history. If you were not vaccinated the previous fall/winter, you should consider Influenza vaccination before foreign travel.

SPECIAL PRECAUTIONS:

People allergic to eggs, chicken, chicken feathers, or chick dander should not receive the vaccine. If they desire Influenza immunization, they should discuss this with their own physician.

People with fever should not receive this vaccine.

People who have received another type of vaccine in the past 14 days should see a physician before taking the vaccine.

**IF YOU HAVE SEVERE REACTION, OR ONE LASTING MORE THAN 48 HOURS, SEE A PHYSICIAN.
IF YOU HAVE ANY QUESTIONS, PLEASE ASK.**

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

| DO YOU HAVE ANY ALLERGIES TO: | YES | NO |
|--------------------------------------|------------|-----------|
| Chicken | | |
| Chicken products | | |
| Eggs | | |

| | | |
|---|--|--|
| Are you taking antibiotics? | | |
| Are you receiving allergy shots? | | |
| Have you been ill in the past 2 weeks? (If yes explain) | | |
| Are you or anyone in your home pregnant? | | |

CONSENT REGISTRATION FORM

I have read the above information about influenza, the vaccine, and the possible side effects. I have had an opportunity to ask questions regarding vaccination recommendations and understand the benefits and risks of flu vaccination as described. I request that it be given to me.

Name (PLEASE PRINT NAME) **Mail Code** **Social Security Number**

Patient Signature **Date of Birth**

.5cc Influenza Vaccine Administered **R** **L** **Deltoid**
Date: _____ **Time:** _____ **Temperature:** _____

Site: _____

By: _____
RN Signature

Manufacturer: _____

Lot #: _____